

CHAPTER 7: Trauma-Induced Substance Abuse: A Prevention Paradigm

Response to Trauma and Substance Abuse

For a variety of reasons, people are impacted by trauma in different ways and at varying levels. How they respond to a traumatic event is related to:

- The perceived intensity of the traumatic event
- The perceived and actual impact of the traumatic event
- Risk and Protective Factors in the domains of the individual and their peers, family, school, and community. Of particular importance is the support available from family, community, job.
- Resiliency
- Coping skills in place and those used in the past

Persons with high levels of protective factors, resiliency, and positive coping skills are likely to fair better than persons who are lacking in any or all of these areas. Persons lacking resiliency, lacking positive coping skills, and/or who also have high levels of risk factors are more likely to respond poorly to a traumatic event.

Because we know that trauma creates stress, and stress puts persons at greater risk for substance use increase and abuse, it is imperative for prevention providers to consider their role in post-traumatic substance abuse prevention.

The following presentation of a prevention paradigm concerns itself primarily with the goals of prevention as they apply post-trauma. It makes the assumption that **experiencing a traumatic event is a risk factor**.

This chapter will present a conceptualization of the prevention provider role that fits within the framework of current prevention thinking and service delivery.

Levels of Recovery from Trauma

Stated simply, there are three levels of recovery from trauma. People will ultimately stay the same, get better, or become worse. While most persons will have decreased functioning for a period of time following a traumatic event, these levels address overall life functioning beyond 18 to 24 months.

- ❑ Depleted Self - Persons who experience trauma and are not able to return to a level of function that was at least comparable to the pre-trauma level of functioning.
- ❑ Pre-trauma Self - Persons who experience trauma and are able to return to a comparable level of functioning. While they have been impacted by the trauma, they have made adjustments and accommodations and are able to contribute to and benefit from daily living.
- ❑ Elevated Self - Persons who experience trauma and are able to function at an increased level. These persons have benefitted from having experienced trauma. They have examined or reflected upon their lives and made changes that result in a positive increase of functioning. These changes may be in a variety of realms such as: psychological, physical, cognitive, emotional, vocational, or spiritual. As a result people may experience greater levels of fulfillment, contentedness, focus, and motivation.

As prevention providers, the goal is to return persons at least to the pre-trauma level of functioning. The assumption here, as consistent with the population served by prevention, is that they did not meet the criteria for substance dependency prior to the trauma. It is however, not contrary to the holistic prevention framework, that is: promoting health-enhancing behavior and reducing health-compromising behaviors to be supportive of, or contribute to a post-trauma elevated self level.

Trauma Induced Substance Abuse Prevention Paradigm

Entire Schematic

The paradigm presented below visually describes the three general paths that may occur following a traumatic event which are relevant to prevention providers and their goals. The entire schematic will be presented and then followed by the individual pathways and the appropriate type of intervention. Each schematic begins with the Pre-Trauma Life Functioning Box

Traumatic Response and the Role of Prevention

Entire Schematic

Prevention providers fill a multitude of roles in their work to impact substance use and abuse. Whether in a community education role, a student assistance role, or an environmental specialist role, providers can conceptualize trauma and prevention through a basic framework of risk and protective factors (resiliency, assets).

In addition to the factors listed on page 79, a traumatized person's risk of substance initiation or abuse decreases with supportive relationships within and outside the family, a positive view of themselves and their ability to cope, problem solving and communication skills, an ability to manage strong feelings and stress, prior experience managing trauma with healing, and knowledge of common reactions to trauma and the supports available.

As in each model presented, there is the opportunity for achievement of the elevated self.

Traumatic Response and the Role of Prevention Pathway 1 - Universal Intervention for the General Population

This schematic represents the functioning of a person who recovers without experiencing any onset, or significant increase in substance use.

Universal prevention interventions are most appropriate and may need to be targeted for a brief period following trauma, dependent on individual and community needs. It is imperative that ATOD education be included along with trauma education, especially as the two dynamics share spheres of influence.

In the ideal pathway, persons and groups have sufficient protective factors and resilient characteristics to return to the pre-trauma state with little or no intervention.

Consideration for prevention providers:

- Is educational information easily available and able to be accessed by individuals and systems impacted by trauma?
- Can linkages be established with other systems to assure availability of resources and supports?
- What are the community resources available in the areas of trauma and substance use/abuse?
- Has the general community received education on trauma and the substance abuse connection as well as information regarding resources in the area?
- In my role as a provider, how can I enhance service to the general population around the topic?
- What is available to me to care for myself if the trauma effects the community I am part of?
- Can I or my agency offer additional expertise or resources?

It is imperative that ATOD education be included along with trauma education, especially as the two dynamics share spheres of influence.

Traumatic Response and the Role of Prevention Pathway 2 - Selective Interventions for Those at Higher Risk for Substance Use than General Population

This schematic represents possible pathways of functioning for those persons or groups with sufficient risk factors to compromise their return to a pre-trauma level. This includes people with both a limited degree of positive support and coping strategies as well as difficulty managing stress and strong emotions.

This population does possess some protective factors to aid in recovery.

Following trauma, a person may increase the use of their resources or seek additional resources to deal with the trauma (2a). They may briefly turn to substances for relief (2b) or may experience mild to moderate decline in functioning (2c). The two latter routes can be exclusive or can interact and influence continuation of one another. The use of substances hinders the person's perceptions of their functioning level and their need for help.

Interventions include education on trauma and substance use, additional supports offered for at least three months, and practice in use of coping skills. Trauma and substance abuse interventions are needed at an increased frequency and duration than those for the general population. The provider makes this determination dependent on who is being served, the type of trauma, the risk and protective factors present, and other supports available. Prior networking with other systems allows for enhanced collaboration and smoother access to services when needed.

Traumatic Response and the Role of Prevention Pathway 3 - Indicated Interventions for those in High Risk Environments and at High Risk for Substance Abuse

This schematic represents the functioning of a person or group who have sufficient risk factors to seriously compromise their return to pre-trauma level of functioning. They do not have sufficient protective factors or resiliency to counterbalance the risk factors across all domains.

This includes people who have used substances to deal with past stress, with little or no positive support system, whose coping strategies and belief in ability to cope is compromised and/or who have little sense of community connection.

Their pathways following trauma may be the abuse of substances and/or a marked decrease in functioning (3b and 3c). Do some people within this population experience trauma without substance abuse and impaired functioning (3a)? Yes, they certainly do.

The interventions are needed along each path and need to be consistent and long-term in order to build sufficient protective factors to heal and mitigate risk. They include education, ongoing support, teaching the use of healthy living skills, and referral for additional services as indicated.

Persons at this level of risk may move into a substance disorder requiring treatment.

SUMMARY:

These populations and the majority of these interventions are well known to prevention providers. The prevention paradigm(s) as presented offer a working framework to view trauma and substance abuse with special emphasis on the most significant protective factors of information, support and positive coping for the most efficacious outcomes.

CONCLUSION:

This concept paper is one of several components of a multi-faceted project to enhance the knowledge base for trauma related substance abuse. It was developed by the Upstate Center for Trauma and Prevention Resources, a program of the Council on Alcoholism and other Chemical Dependencies of the Finger Lakes, Inc.

The literature is replete with studies and research regarding issues of trauma and suggested models of intervention and treatment. Recently, research has started to further explore the specific issue of trauma related substance abuse, and the research today suggests acceptance of trauma as one of the primary pathways into use, abuse, addiction and relapse for entire subgroups of individuals.

The primary objectives of this concept paper were to identify specific issues of trauma related substance abuse, to provide this information as a resource to the greater profession of addiction providers, and to develop a prevention paradigm - a model of prevention effectiveness for prevention providers for utilization across prevention domains. These objectives are designed to meet the overall goals of developing a model that can mitigate the effects of trauma, and to prevent the use or abuse of substances by a survivor or prevent relapse for a recovering person.

This paper is the result of several elements which together, provided the direction and substance for its preparation. Input from prevention providers as to the perceptions and experiences of trauma related substance abuse was gathered from a series of forum held across upstate New York. Surveys were mailed to prevention providers to capture additional information regarding perceptions, experiences, needs and related topics. Field interviews with crisis counselors, response teams, and trauma related organizations were held. Finally, the Concept Paper integrated applicable elements from a major literature search regarding pertinent areas of trauma, prevention models, prevention principles, and recommendations. Together, these elements were analyzed and integrated into a new and unique prevention paradigm.

Research today suggests acceptance of trauma as one of the primary pathways into use, abuse, addiction and relapse for entire subgroups of individuals.

Originally the concept paper intended to deal with those specific types of trauma identified as terrorism including the World Trade Center disaster. In discussions with experts, however, the utility of the study was expanded by expanding the definition of trauma to include survivors of all types of trauma - both chronic as well as acute. Thus, the study included survivors of natural disasters, accidents, victims of crime and violence including sexual assault and/or sexual harassment, victims of neglect, the elderly, etc.

Care givers and emergency responders are prone to the effects of trauma, and again, for trauma related substance abuse. As stated, this expansion of the definition served to also expand the utility of the prevention model, especially for prevention providers in upstate New York who were much more apt to work with these categories of survivors than with survivors of terrorism.

After a comprehensive study, no existing prevention model was identified which would do justice to the needs of this population. The onus, therefore, was upon these authors to design a prevention paradigm that could meet the demands of this area of identified need. Such a paradigm would need to recognize the principles of prevention effectiveness, be applicable across domains, and be able to be appropriately modified to incorporate both universal, select, and indicated interventions.

Such a prevention paradigm was developed and built upon those areas that the research and the crisis experts highlighted as absolute for the healing of trauma survivors.

In this model, the paradigm explored and is built upon the following dynamics: resiliency, coping skills, spirituality and religiosity, support (both for family connections, friends, community resources), and support groups and counseling or treatment if needed. These are all identified resources that minimize the impact of trauma, depending upon type and level of severity. The model also extends into the area of protective factors and risk factors, recognizing the influence that these have in addition to the previously mentioned dynamics.

Such a paradigm would need to recognize the principles of prevention effectiveness, be applicable across domains, and be able to be appropriately modified to incorporate both universal, selective, and indicated interventions.

Finally, this model is desirable in that it portrays an exciting observation - that one can actually transcend the former level of functioning after a traumatic event. In this model, one can reach higher planes of actualization and transformation. It is not rare to see such victims of trauma declare that their experience was a gift, or an event that while unwanted, led to a “spiritual awakening” and greater appreciation of life, family, or work.

Natural disasters, personal loss, health related trauma, victimization, criminal violence and war and terrorism all cause a variety of responses and reactions to the individual, from levels identified as normal stress to long term reactions including dissociation and PTSD. While there is no way to predict who and who would not suffer negative consequences of trauma, there are identifiable risk factors that seem to make persons more susceptible to delayed healing or disorders.

A true prevention model recognizes the distinctions between resiliency, coping skills, spirituality, support systems, protective and risk factors, and ATOD interventions. Such a model strives to identify the role and relevance of these dynamics in mitigating the effects of trauma, and reducing the likelihood of subsequent drug abuse both immediately after the critical incident, and long term - even 6-to-18 months later.

The strengths of this concept paper lie in the securing of input from a prevention base of expertise, the level of research accomplished for the base, and the presentation of a strength-based, holistic prevention paradigm developed to assist with universal, selective and indicated needs.

The concept paper forged new territory, and presented a logic paradigm for a prevention model previously unavailable. In this respect, it adds a new tool to the arsenal of prevention strategies that holds great promise for addressing a particular type of abuse and particular pathway of addiction.

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